ARIZONA FORM
51

Combined or Consolidated Return Affiliation Schedule

For the calendar year 2011 or fiscal year beginning M M D D Y Y Y Y and ending M M D D Y Y Y Y.

Attach Form(s) 51 immediately following Page 4 of Form 120.
Be sure to check the "Yes" box on Form 120, information question C.

Name	Employer identification number (EIN)
Number and street or PO Box	REVENUE USE ONLY. DO NOT MARK IN THIS AREA.
City or town, state, and ZIP code	

Section I Listing of Affiliated Corporations Combined or Consolidated in This Return or Filing Separate Returns
Complete Section I only if it was not completed for a previous taxable year.

If answer to Arizona filer is yes, place an "X" in the box.
* F= Consolidated C= Combined S= Separate

00	Arizona filer?	Affiliated company name	F/C/S *	Employer identification number	Period from / through	Business activity code
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Section II Corporations Added to the Affiliated Group During the Taxable Year

Do not complete Sections II and III if Section I is completed.

If answer to Arizona filer or name change is yes, place an "X" in the box. * F= Consolidated C= Combined S= Separate

	Arizona filer?	Affiliated company name	Name change?	F/C/S *	Employer identification number	Month added	Business activity code
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Section III Corporations Deleted From the Affiliated Group During the Taxable Year

If answer to Arizona filer or name change is yes, place an "X" in the box. * F= Consolidated C= Combined S= Separate

	Arizona filer?	Affiliated company name	Name change?	F/C/S *	Employer identification number	Month deleted	Business activity code
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Reason for deletions:

Print Reset form